



BOYS & GIRLS CLUBS
OF SNOHOMISH COUNTY
EDMONDS UNIT



HEALTH COMMISSION
SERVING SOUTH SNOHOMISH COUNTY

2018 Track & Field



Dates

Registration begins March 3rd
Practice begins the week of April 9th
Meets: 4/28, 5/5, 5/12 at the Edmonds Boys & Girls Club beginning at 9am

***May 19th: Track meet during the Health & Fitness Expo at Edmonds-Woodway HS**
Field Events: 9am—10:30
Running Events: start at 10:15

Cost

Free! You must fill out the registration form and an Edmonds Boys & Girls Club membership

Registration

Fill out the registration and membership form. You can give it to the Healthy Habits Coach at your school/site.
You can also mail it to the Club at PO Box 172 Edmonds, WA 98020 or drop it by the Club at 310 6th Ave N Edmonds, WA.

Questions?

Contact Healthy Habits Director Kelli Calvin at kcalvin@bgcsc.org or (425)774-0630

Practice Locations & Times:

Main Club	Mon & Wed	4:30-5:30	Lynndale Elem.	Mon & Wed	3:30-4:30
Westgate Elem.	Tues & Thurs	3:15-4:15	Edmonds Elem.	Tues & Thurs	3:30-4:30
Sherwood Elem.*	Tues & Thurs	3:50-4:50	Cedar Valley Comm. School*	Tues & Thurs	3:15-4:15
Hazelwood Elem	Mon & Wed	3:50—4:50			

*Practices are split between age groups, check with the coach at the school for details.

First Name: _____ Last Name: _____

Gender: M F Date of Birth: _____ Players Grade(2017-2018): _____

Parent/Guardians Name: _____ Cell Phone: _____

E-Mail: _____@_____

Address: _____ City: _____ Zip: _____

Emergency Contact: _____ Emergency Contact Phone: _____

Shirt Size: YS YM YL AS AM AL AXL School /Site you will be participating with: _____

Medical Insurance Coverage YES NO

"The Edmonds School District does not sponsor or endorse the activity and/or information in this material."

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BGCSC Annual Membership Registration Form

Child's Information

Name: _____ Gender: Male/Female
 School: _____ Grade: _____ Birthdate: _____
 Eligible for Free or Reduced School Lunch: Yes/No
 Ethnicity/Race:
 African American American Native Asian Caucasian
 Pacific Islander Multi-Racial Other Also Hispanic/Latino: Yes No
Primary Parent/Guardian Information
 Name: _____ Gender: Male/Female
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Cell: _____
 E-Mail: _____
 Place of Employment: _____
 Is this parent a veteran or active member of the U.S. Military? Yes/No
 Branch _____ Dates of Service: _____ to _____
Other Parent/Guardian Information
 Name: _____ Gender: Male/Female
 Phone: _____ Cell: _____
 E-Mail: _____
 Place of Employment: _____
 Is this parent a veteran or active member of the U.S. Military? Yes/No
 Branch _____ Dates of Service: _____ to _____

Any information requested is for our records and for the funding we receive. The answers you provide will be kept completely confidential. Your cooperation in providing this information is both appreciated and necessary. **ALL FIELDS ARE REQUIRED.**
 Please make sure to fill out this form in its entirety.



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Household Information

Household Size _____
 Household Type _____
 Both Parents
 Single Parent (Mother)
 Single Parent (Father)
 Grandparents
 Guardian/Other
 Family Annual Income
 \$0 to \$19,999
 \$20,000 to \$29,999
 \$30,000 to \$39,999
 \$40,000 to \$50,000
 \$50,001 to \$64,800
 \$64,801 to \$72,000
 \$72,001 to \$77,800
 \$77,801 to \$83,550
 \$83,551 to \$95,000
 \$95,051 and above

Medical Information

Physician: _____
 Physician Phone: _____
 Medications: _____
 Allergies/Medical Concerns: _____

Emergency Contacts

First & Last Name _____
 Relation to Child _____
 Phone # _____
 Home
 Mobile
 First & Last Name _____
 Relation to Child _____
 Phone # _____
 Home
 Mobile

Terms & Conditions

I declare that I am the parent or legal guardian of the minor listed above. I have full custody and control of the child. To the best of my knowledge, my child is in good health and is adequately immunized to participate in the Boys & Girls Clubs activities. In the event that my child is injured or should require medical attention, I hereby request you to contact our family physician. In the event that the Doctor cannot be reached, I hereby authorize his/her athletic supervisor, coach or any other Boys & Girls Clubs employee or volunteer to secure necessary medical treatment for my child. I further acknowledge that I will be responsible for any medical or hospital fees or costs associated with my child's medical treatment. If possible, confirmation of this authorization should be made with me prior to treatment by calling me at the listed phone number. In case I cannot be reached for an emergency medical treatment as described above, you may proceed without further authorization. I understand that the Boys & Girls Clubs provide only a secondary health insurance coverage. I understand the "open door" policy which allows for children to come and go as they desire. I understand also that the Club accepts no responsibility for keeping my child in the building or on the premises, except when enrolled in a licensed childcare or summer camp program. I hereby give permission for a photo or likeness of my child to be used in brochures and other promotional materials produced by the Boys & Girls Clubs of Snohomish County. The photo will not be sold without the express written consent of the parent or legal guardian. I agree that this waiver is valid as long as my child is a member of the Boys & Girls Clubs of Snohomish County.

Parenty/Guardian Signature _____ Date: _____

FOR OFFICE USE ONLY

Received By: _____ Fee: _____ Paid _____ On: _____ Input into KidTrax: _____ Updated 12/21/2017
 Membership Type: Full 100% Scholarship 75% Scholarship 50% Scholarship 25% Scholarship